


<b>FINANCIAL STATEMENT OF JUDGMENT DEBTOR</b>		DOCKET NUMBER		<b>Trial Court of Massachusetts Small Claims Session</b>			
CASE NAME				CURRENT COURT			
NAME OF JUDGMENT DEBTOR <i>(the person who lost the case and owes money)</i>							
HOME ADDRESS			HOME TELEPHONE NUMBER		DATE OF BIRTH		
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER & STATE		MARITAL STATUS		NO. & AGE OF CHILDREN LIVING WITH YOU	
OCCUPATION		EMPLOYER'S NAME & ADDRESS				HOW LONG WITH EMPLOYER?	

INCOME <i>(list all sources)</i>	
Your Gross Pay:	\$ ..... per week
Your Take-Home Pay:	\$ ..... per week
Spouse's Take-Home Pay:	\$ ..... per week
Child Support Income:	\$ ..... per week
Pension:	\$ ..... per week
AFDC/SSI:	\$ ..... per week
Other <i>(itemize on back)</i> :	\$ ..... per week
<b>Total Weekly Income:</b>	<b>\$ ..... per week</b>

EXPENSES	
Rent/Mortgage:	\$ ..... per week
Utilities:	\$ ..... per week
Food:	\$ ..... per week
Alimony/Child Support:	\$ ..... per week
Child Care:	\$ ..... per week
Transportation:	\$ ..... per week
Insurance:	\$ ..... per week
Entertainment <i>(including cable)</i> :	\$ ..... per week
Other <i>(itemize on back)</i> :	\$ ..... per week
<b>Total Weekly Expenses:</b>	<b>\$ ..... per week</b>

ASSETS <i>(list value of all assets)</i>		
<i>Real Estate you own or co-own</i>	<u>RESIDENCE</u>	<u>OTHER</u>
Address:	.....	
Other Owner(s):	.....	
Mortgage Balance:	\$ .....	\$ .....
Fair Market Value:	\$ .....	\$ .....
Rental Income:	\$ .....	\$ .....
<i>Vehicle(s)/Boat(s) You Own</i>	<u>VEHICLE/BOAT 1</u>	<u>VEHICLE/BOAT 2</u>
Year/Make & Model:	.....	
Purchase Year:	.....	
Purchase Price:	\$ .....	\$ .....
Amount Owed:	\$ .....	\$ .....
<i>Bank Accounts</i>	<u>CHECKING</u>	<u>SAVINGS</u>
Bank/Credit Union:	.....	
Account No.:	.....	
Balance:	\$ .....	\$ .....
<i>Expected Tax Refund:</i>	\$ .....	
<i>How much money do you have in cash?</i> \$ .....		
<i>Have you disposed of or transferred any asset since this claim was brought? (If so, explain on back.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<i>(List on back anything of value not listed above that you own or co-own, or that is held for you by another.)</i>		

DEBTS <i>(list all debts not included above in your expenses – e.g., credit card debts)</i>				
<u>CREDITOR</u>	<u>NATURE OF DEBT</u>	<u>DATE OF ORIGIN</u>	<u>TOTAL DUE</u>	<u>WEEKLY PAYMENT</u>
1 .....	.....	.....	\$ .....	\$ .....
2 .....	.....	.....	\$ .....	\$ .....
3 .....	.....	.....	\$ .....	\$ .....

Under the penalties of perjury, I swear that the above information is complete and accurate to the best of my personal knowledge.	
DATE SIGNED	SIGNATURE OF JUDGMENT DEBTOR
	<b>X</b>

## INCOME THAT IS EXEMPT FROM PAYMENT ORDERS

1. **ALL INCOME FROM THE FOLLOWING SOURCES** is exempt by law from any payment order:

- Unemployment Benefits (G.L. c. 151A, § 36)
- Workers Compensation Benefits (G.L. c. 152, § 47)
- Social Security Benefits (42 U.S.C. § 401)
- Federal Old-Age, Survivors & Disability Insurance Benefits (42 U.S.C. § 407)
- Supplementary Security Income (SSI) for Aged, Blind & Disabled (42 U.S.C. § 1383[d][1])
- Other Disability Insurance Benefits up to \$400 weekly (G.L. c. 175, § 110A)
- Emergency Aid for Elderly & Disabled (now G.L. c. 117A)
- Veterans Benefits
  - Federal Veterans Benefits (38 U.S.C. § 5301[a])
  - Special Benefits for Certain WW II Veterans (42 U.S.C. § 1001)
  - Medal of Honor Veterans Benefits (38 U.S.C. § 1562)
  - State Veterans Benefits (G.L. c. 115, § 5)
- Transitional Aid to Families with Dependent Children (AFDC) Benefits (G.L. c. 118, § 10)
- Maternal Child Health Services Block Grant Benefits (42 U.S.C. § 701)
- Other public assistance benefits (G.L. c. 235, § 34, fifteenth)

2. In addition, **A PORTION OF WAGES OR EMPLOYMENT-BASED RETIREMENT PAYMENTS**

is exempt by law from any payment order. The exempt amount is

**\$400 or 85% of your weekly gross earnings, whichever is greater.**

Massachusetts law exempts the greater of 85% of the debtor's gross earnings or 50 times the greater of the Federal minimum wage (\$7.25 as of 7/24/09) or the Massachusetts minimum wage (\$8.00 per G.L.c. 151, § 1) for each week or portion thereof. (G.L. c. 224, § 16 & c. 246, § 28). The Federal exemption (15 U.S.C. § 1671-1677) is not applicable as it will always be less than the Massachusetts exemption.

### DEFENDANT'S WORKSHEET FOR CALCULATING EXEMPT AMOUNT OF WAGES OR EMPLOYMENT-BASED RETIREMENT PAYMENTS

Write the amount of your "**weekly gross earnings**" here = \$ \_\_\_\_\_

*If your weekly gross earnings are **less than \$400**,*  
enter the amount of your weekly gross earnings →

*If your weekly gross earnings are **\$400–\$470**,* enter **\$400** →

*If your weekly gross earnings are **more than \$470**,*  
enter 85% of your weekly gross earnings →

\$
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**This is the amount of your  
weekly gross earnings that is exempt  
from any payment orders.**